



BOSTON CITY COUNCIL

Committee on Healthy Women, Families & Communities
Ayanna Pressley, Chair

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COMMUNICATION FROM THE CHAIR

September 24, 2015

Dear Councilors:

The Committee on Healthy Women, Families & Communities was referred the following dockets for consideration:

- 0562 Order for a hearing regarding the Emergency Impact of closing Long Island Shelter Substance Abuse programs**
- 0563 Order for a hearing regarding the Emergency Impact of closing Long Island on Boston's Homeless Community**

These matters were sponsored by Councilor Charles Yancey and were referred to the Committee on March 25, 2015. The Committee held a working session on the dockets on Monday, July 13, 2015.

Summary of Legislation

Dockets #0562 and #0563 were filed in response to the closure of Long Island Bridge and, by extension, the homeless shelters and substance abuse treatment centers located on Long Island itself. The Committee held a working session with shelter guests, providers, City of Boston officials, and other stakeholders to discuss those events and improve replacement homelessness and recovery services.

Attached are the findings of that working session, including key pieces of public feedback and a comprehensive list of reforms and other measures advocated by those involved.

Committee Chair Recommended Action

As Chair of the Committee on Healthy Women, Families & Communities, I submit this communication for your consideration and suggest Dockets #0562 and #0563 remain in committee for further action. Furthermore, I respectfully request that the City Clerk transit these findings to the Mayor, the Department of Neighborhood Development, and the Boston Public Health Commission.

Ayanna Pressley, Chair
Committee on Healthy Women, Families & Communities

Committee on Healthy Women, Families, and Communities

Communication from the Chair

Responding to the Impact of the Abrupt Closing of the Long Island Bridge on Boston's Homeless and Recovery Communities



Report to Members of the Boston City Council

September 30, 2015

Presented for the Committee by Ayanna Pressley, Chair

INTRODUCTION

For over four decades, the homeless shelters and substance abuse treatment facilities on Long Island have been available for people in the Boston community struggling with homelessness, seeking recovery, and transitioning to stability. On October 8th, 2014, the City of Boston closed the bridge after the State deemed it structurally unsound. More than 400 people who sought shelter and treatment on Long Island were evacuated in less than 24 hours and had to find new options for housing and care. Several private substance abuse treatment providers had to abandon their program sites.

Immediately following the closure, the City partnered with area providers to establish a temporary homeless shelter at the South End Fitness Center, housing over 250 men each night. Other private shelters and the faith community, including but not limited to Boston Health Care for the Homeless, Pine Street Inn, St. Francis House, and Boston Warm provided beds, food, and resources for those displaced. There were very limited options for those in recovery programs.

On November 12, 2014, Councilor Pressley, Chair of the Committee on Healthy Women, Families, and Communities, partnered with Mayor Walsh and Councilor Baker, Chair of the Committee on Housing, to host a community meeting about the closure of the bridge and to discuss the short- and long-term plans to restore services. Shelter guests, those in the recovery community, providers and allies testified about the trauma experienced from having to abruptly evacuate the island and expressed fear, concern, and anger over the unsatisfactory conditions at the temporary shelters, and lack of treatment beds.

On July 13, 2015, Councilor Pressley convened a working session on the hearing orders sponsored by Councilor Charles Yancey: Docket #0562, *An Order for a hearing regarding the Emergency Impact of closing Long Island Shelter Substance Abuse programs*, and Docket #0563, *An order for a hearing regarding the Emergency Impact of closing Long island on Boston's Homeless Community*.

Former and current shelter guests, individuals in recovery, community-based providers, as well as city officials were invited to participate. This report summarizes the findings of the working session and describes the recommendations made by those who testified.

SUMMARY OF FINDINGS

During the working session, shelter guests (hereinafter referred to as guests), individuals in recovery, representatives from area providers and community-based organizations, and allies spoke about the impact of the abrupt closing of Long Island Bridge (hereinafter referred to as the Bridge), conditions of the shelters, barriers to housing, and the need for additional treatment services. Please refer to Appendix A for a list of those who testified.

The Impact of the Displacement of Homeless Individuals Utilizing Long Island Shelters

Understanding How the Closure Impacted Guests
Several guests shared how the abrupt nature of the closing and the emergency evacuation was incredibly scary and for some, triggered past traumas. One guest shared her personal story of the trauma she experienced over having lost her limited belongings and having to wear the same outfit to school for a week. One area provider testified that the way the closure happened was a breach of trust. Another participant shared that it is not so much what happened, but how it happened. Some emphasized that guests should have been notified with dignity.

Interim Executive Director of the Boston Public Health Commission, Dr. Huy Nguyen, said that after the state deemed the bridge not traversable, the final decision to shut down the bridge and evacuate was made in consultation with State officials, but the ultimate call was on the city. He further explained that the decision to close the bridge was based on the number of emergencies that occur on the island each night and the fact that the Commission could not ensure the safety of guests. He stated that another factor considered

was the number of appointments individuals have off the island.

Please refer to Appendix B for a summary of the status of shelter and treatment beds as of July 2015. Of note, prior to the closing of the Bridge, there was not a dedicated female-only shelter. On June 25, 2015, the City's newly constructed Southampton Street homeless shelter for men was fully opened, offering 368 beds for men. With the opening of this shelter, the City's Woods-Mullen shelter became a female-only shelter, increasing the number of female beds by 134 from 66 to 200.

Equal Treatment for Women Experiencing Homelessness

Representatives from Rosie's Place and Women's Lunch Place testified that women are the fastest growing members of the homeless community and one in four women experience homelessness. They pushed for equitable resources for women, including additional beds for women (at female-only shelters). Several female guests and representatives of providers serving women testified about the lack of shelter beds for women and about the poor conditions at Woods-Mullen Shelter.

The City-run Woods-Mullen Shelter became a female-only shelter in June and currently has 200 beds available. The shelter also has a day program for people in need of case management and mental health services. The facility is undergoing renovations with more extensive renovations planned for later in 2015; however, several guests and providers expressed frustration that the current conditions are not satisfactory.

Participants shared that despite now having a dedicated female-only shelter and an increase in beds, Woods-Mullen is beyond capacity and women are sleeping in overflow rooms and on benches. They indicated that renovations have been promised including to the heating system, vents, floors, and paint but asked for a specific timeline. One guest testified that there were bunk

beds without ladders, inconsistent heating, and no access to laundry or showers, and that male staff members were monitoring showers and dorms. Several guests shared their frustration with the fact that a brand new shelter was built for men.

"Thinking of conditions, laying in my bunk, do these folks not have mothers or sisters?"

– Sharon Riddick, Woods-Mullen Guest

Elizabeth Doyle, Director of Supportive Housing in the Department of Neighborhood Development (DND), responded to the concerns expressed about the disparity in shelter beds for women. She explained that the number of City-provided beds reflects the demand, noting that 75% of individuals experiencing homelessness are men. Dr. Nguyen added that the number and ratio of beds by gender is largely determined by state funding. Mrs. Doyle stated that with the conversion of Woods-Mullen to a female-only shelter there will be more beds and better tailored services for women.

Improving the Treatment of Guests in Shelters
Nearly all guests and providers testified that the standard of care provided in shelters needs to be greatly improved. The overall theme expressed was that every guest should be treated with honor, dignity, and respect regardless of their living situation, reiterating that guests deserve consistency and stability in how they are treated.

Representatives from the provider community testified that guests have unique needs and case management, health care, mental health and addiction services should all be provided equally to guests. It was emphasized that it is not just about increasing the number of case managers but also about providing better training to shelter staff on an ongoing basis. Several participants explained the need for staff to be trained in providing trauma-informed care.

Guests at both the Woods-Mullen and Southampton Street shelters expressed concerns about the safety, physical and psychiatric well-being of guests. Several guests testified that the attendants and staff at the facilities do not treat them with dignity and respect. They shared that many homeless individuals are dealing with past traumas and need nurturing and supportive environments that facilitate healing and personal growth.

Guests of both shelters expressed that they do not feel that their belongings are secure. Lockers are available to rent at both facilities; however, the expense of renting a locker is a deterrent to those facing financial instability and many have their belongings taken from them while they are in shelters.

“Our women deserve to feel safe. They deserve trauma-informed care and to be treated with dignity and respect.”

-Councilor-At-Large Ayanna Pressley

Shelter guests and allies expressed concern with the rules of the shelters. Many individuals are guests at multiple shelters each week and expressed that the rules of the shelters are confusing and inaccessible. For example, one woman testified that in the Woods-Mullen shelter, women must be escorted from their beds to various parts of the shelter during night hours; she received a warning from the staff after getting up to go to the bathroom without an escort.

Others shared that improved services for transgender individuals and increased availability to day services and programming are needed.

Elizabeth Doyle (DND), said that the City is currently working with guests and providers to redraft guest rules together. She also shared that

over the next three months, the City will be providing trainings to all shelter staff that is trauma-informed and aimed at improving customer service.

Housing for Homeless Youth

The Southampton Street shelter and Woods-Mullen shelters are for people 18 years and older. However, there are limited resources for homeless youth. According to the City of Boston Annual Homeless Census, the number of homeless youth has increased by 42.9% from 2013 and the number of homeless youth with children has increased 33.3% from 2013.¹ Of the youth surveyed by the Massachusetts Special Commission of Unaccompanied Youth, close to 25 percent of unaccompanied homeless youth in the Commonwealth were from the City of Boston.² Some participants testified that there are limited shelters and programs for unaccompanied homeless youth in the City of Boston and those present at the working session expressed the need for there to be more resources for homeless youth. Participants also expressed the need for resources for homeless LGBTQ+ youth.

Family Shelters

According to the Boston Public Health Commission, homeless families were the fastest growing population this year and there was a 25% increase in the number of families seeking emergency shelters and temporary assistance.³

City officials explained that the Commonwealth of Massachusetts runs family homeless shelters. Families are referred to the Executive Office of Health and Human Services, which then tries to place families in temporary accommodations and

¹ Boston Public Health Commission. *City of Boston 35th Annual Homeless Census: Emergency Shelter Commission*. Appendix C.

² Identification and Connection Working Group to the Massachusetts Special Commission on Unaccompanied Youth. *Massachusetts Youth Count: Overview and Analysis*. Released September 2014. Retrieved at:

<http://www.mass.gov/eohhs/docs/eohhs/cyf/mayouthcount2014.pdf>

³ See Appendix C.

works with the families to provide long-term solutions.

“This [access to affordable housing] brings into question the character of our city.”

-Councilor Tito Jackson

The Need for Permanent Housing

Representatives from the Department of Neighborhood Development, The Boston Public Health Commission, as well as the City’s Chief of Health and Human Services referenced the City’s recently published: *An Action Plan to End Veteran and Chronic Homelessness in Boston: 2015-2018*.⁴ This report was informed by Mayor Walsh’s Taskforce on Individual Homelessness, which he convened following the closure of the Bridge.

City officials cited the Houston Homelessness Prevention and Rapid Re-Housing Program (hereinafter referred to as the Houston Model) and the potential for creating a similar program in Boston (as called for in the Action Plan). The Houston Model quickly pairs homeless individuals with housing at a minimal cost, it also provides follow up services to ensure that people are able to regain and maintain stability.⁵

Among the guests and advocacy organizations who testified, there was overwhelming agreement that housing-first should be a priority but unanimous dissent for the Houston Model being used as the primary means to end homelessness in Boston.

⁴ City of Boston. *An Action Plan to End Veteran and Chronic Homelessness in Boston: 2015-2018*. [http://www.cityofboston.gov/mayor/PDFs/An%20Action%20Plan%20to%20End%20Veteran%20and%20Chronic%20Homelessness%20in%20Boston%202015-2018%20\(1\).pdf](http://www.cityofboston.gov/mayor/PDFs/An%20Action%20Plan%20to%20End%20Veteran%20and%20Chronic%20Homelessness%20in%20Boston%202015-2018%20(1).pdf)

⁵ National Alliance to End Homelessness. *Rapid Re-Housing: Successfully Ending Family Homelessness*. Released May 2012. Retrieved from: <http://www.endhomelessness.org/library/entry/rapid-re-housing-successfully-ending-family-homelessness>

Individuals and advocacy organizations generally agreed that it will be very challenging to implement rapid rehousing and permanent supportive housing models in Boston due to high rents and low rental housing supply. All participants agreed that new units of affordable housing and more housing vouchers are needed.

Guests and advocacy groups also expressed how challenging the current application process for subsidized housing is. Other barriers to finding housing for guests include criminal records, inability to provide proper verification and documentation, and lack of adequate case worker assistance and guidance.

Elizabeth Doyle (DND) stated that under the current system, there is no coordination across providers and, “finding housing for guests is like playing pin the tail on the donkey. It’s a difficult, haphazard experience.”

Ms. Doyle explained that rapid rehousing can work for some but not for everyone and the City aims to use every tool possible to end homelessness. She said they are creating additional permanent supportive units and utilizing existing units.

The Impact of the Displacement on the Recovery Community on Long Island

The Closure of City and Private Recovery Programs
The various recovery programs on Long Island provided transitional housing, recovery/detox services, and housing options for 265 individuals.

The Boston Public Health Commission ran four recovery and transitional facilities on the island. Victory Programs, Inc., Volunteers of America, and Bay Cove Human Services ran four other private programs. Refer to Appendix B for a summary of the status of beds.

The Boston Public Health Commission reopened their transitional programs in Mattapan in June of this year. The Soar® transitional housing program has now relocated to the Southampton Street facility. The Transitions and Wyman Reentry programs have been relocated to a facility in

Mattapan. Some participants noted that these programs are not centrally located and challenging to get to.

Since the bridge closure, the City has been working with private providers Victory Programs, Inc., Volunteers of America, and Bay Cove Human Services, to identify space to reopen. Victory Programs testified that they, as well as other private providers, have faced barriers to reopening their facilities due to the costs of reopening, limitations in staff capacity, and problems with insurance.

Both Victory Programs, Inc. and Bay Cove Human Services had insurance coverage protecting them from disruption in services. However, Philadelphia Insurance denied their claims for “business interruption” stating that the emergency closure and demolition of the bridge are not routine maintenance. The insurer subsequently cancelled their policies. Both programs are working with the Massachusetts Attorney General’s Office to fight these denials and seek the necessary compensation for the costs associated with disruption in services.

Understanding How the Closure Impacted Individuals in Recovery

Participants explained that the abrupt displacement of those in recovery placed those in detox at medial risk and significantly disrupted the treatment of those in programs, but also displaced the providers who were providing an already limited number of treatment beds in Boston. Others noted that the transition was challenging for those in recovery because they were relocated to programs and shelters in the Newmarket neighborhood, a noted substance abuse problem area. Several participants testified that the range of programming offered on Long Island fostered community and allowed for personal development.

The Executive Director of Victory Programs, Dr. Jonathan Scott, testified that for over four decades, individuals in recovery have sought refuge from the mainland by accessing the resources on Long Island. Dr. Scott and several other participants stated that the seclusion aided

in the transition to a new life because it allowed for a focused and intentional separation from life forces that were harmful.

A medical professional testified that she sees many of the same people struggling with addiction in the emergency room and explained that long-term and transitional treatment is more sustainable and cost-effective for those struggling with addiction.

Those in recovery expressed the need for more detox and treatment beds, as well as transitional housing and support in order to facilitate the successful transition from detox to recovery.

PARTICIPANT RECOMMENDATIONS

These recommendations were provided by those who testified during the working session.

Address the Closure of Long Island Bridge

Several participants expressed that it is important for the City to be accountable for the aftermath of the closure of the bridge, and recommended that the City:

- Account for what happened to each the evacuees, including documenting who received treatment, where individuals were placed following the closure, and who has not returned to shelter or treatment; and
- Issue an apology to those who were evacuated from the island.

Provide Contingency Plan for Emergency Situations

The evacuation of Long Island shelters and recovery programs displaced many individuals and disrupted necessary treatment. It was recommended that:

- Each shelter have an emergency displacement plan in order to properly respond to infrastructural and/or resource-related issues that may arise following an emergency; and
- The contingency plan should be mandatory and submitted to the City of Boston at the beginning of each fiscal year in order to receive City funding.

Improve Customer Service and Trauma-Informed Care Provided in Shelters

Those who testified stressed the importance of trauma-informed care and ensuring environments supportive of the various mental health and substance abuse challenges guests may also have. In addition to increasing the numbers of case managers and social workers at shelters, it was recommended that every shelter:

- Have an easily-accessible and transparent set of rules and guidelines written in affirming, non-punitive language;
- Have a clear protocol for guests to express grievances; and
- Provide ongoing professional development training for shelter staff that includes best practices in providing trauma-informed care and case management for those with mental health and substance abuse diagnoses.

It was also recommended that the City Council pass a Bill of Rights for Homeless Shelter Guests.

Streamline Resource Coordination for Individuals Experiencing Homelessness

Participants recommend that the City create a shared information system between shelters, case managers, and City Departments to ensure that individuals experiencing homelessness have the best opportunity to be placed in permanent housing and necessary support services.

Create a City-funded Housing Voucher Program

Several participants referenced the recently released US Department of Housing and Urban Development report that provided evidence that housing voucher programs allow for greater housing stability in the long-term and lead to better outcomes for families.⁶ It was recommended that the City:

- Record the number of people seeking low-income housing and the reasons they are not

able to qualify and report these findings annually; and

- Fund a voucher program modeled after Washington, DC.⁷

Support Long Island Substance Abuse Providers in Relocating

Participants and Victory Programs explained how challenging it has been for the private companies who had provided substance abuse treatment services on Long Island to relocate. It was recommended that:

- The City Council ask Philadelphia Insurance to come before the Council and explain the insurance claim denial and urge them to accept the claims for disruption in service made by Victory Programs and Bay Cove Human Services;
- The City assist the private providers by including them in the City of Boston publications pertaining to transitional housing;
- The City provide financial assistance to these providers; and
- The City support the process of these programs introducing themselves to the neighborhoods they are looking to relocate to as they want to be part of the fabric of those neighborhoods.

Increase Access to Detox and Transitional Programs

Individuals in recovery, as well as providers, emphasized the need for transitional treatment programs for those in recovery. It was stated that environments that are designed for recovery allow for supportive and trauma-informed care. It was recommended that:

- Hospitals create reports on the amount of patients discharged for substance abuse treatment;
- The City appropriate more funding to recovery and transitional programs; and
- The City re-open recovery programs on Long Island.

⁶ US Department of Housing and Urban Development. *Family Options Study: Short-Term Impacts of Housing Services and Interventions for Homeless Families*. Released July 2015. Retrieved at: http://www.huduser.org/portal/sites/default/files/pdf/FamilyOptionsStudy_final.pdf

⁷ District of Columbia Housing Authority, *Housing Choice Voucher Program*. http://www.dchousing.org/topic.aspx?topid=2_offices/public_indian_housing/programs/hcv/forms/guid ebook

Hold Public Hearings on the Future for Long Island

Long Island is a \$1 billion dollar property; it is a jewel for the City. Participants explained that there is existing infrastructure, food service, and children's camps on the Island. Participants expressed that in the future, the Island should provide for multiple uses including services for those experiencing homelessness and for those in recovery. It was recommended that the City hold public hearings on the future of Long Island.

CONCLUSION

While the abrupt closure of the Long Island Bridge resulted in extreme distress for those in shelter

and recovery, and presented significant challenges for providers on the Island, Boston has a wealth of existing resources. Thanks to the participation of dedicated providers, as well as the brave shelter guests and individuals in recovery who testified, we have an opportunity to coordinate those resources in a sustained and standardized way. Those who participated in the working session made several recommendations that should be considered by the City, the State, as well as local and regional providers.

APPENDIX A. List of Providers and Individuals who Testified July 13, 2015 (Docket #0562 and Docket #0563)

Testimony List

1. Boston Homeless Solidarity Committee Recovery Panel
 - a. Gerry Scoppetuolo
 - b. John Lehner
 - c. Paul Johnson
 - d. Eric Colin-Smith
2. BHSC Homelessness Panel
 - a. Cleve Rea
 - b. Lenny Higgenbottom
3. NHSC Housing/Homelessness Support Panel
 - a. Cassie Hurd
 - b. Michael Kane
 - c. James Sheoner (written testimony read by Katherine Bennett)
 - d. Katherine Bennett
4. Sharing Our Voices / Rosie's Place Panel
 - a. Valerie Wright
 - b. Kim Lawler
 - c. Mehreen Butt
5. Sharon Riddick, guest Woods-Mullen
6. Boston Warm Panel
 - a. Brenda Jarvis
 - b. David Albaugh
 - c. Brian Gearin
 - d. John Edgerton
7. City Panel
 - a. Felix Arroyo, Chief of Health and Human Services
 - b. Dr. Huy Nguyen, Interim Director, Boston Public Health Commission
 - c. Elizabeth Doyle, Director of Supportive Housing, Department of Neighborhood Development
8. Women's Lunch Place Panel
 - a. Tara Rousseau
 - b. Linda Burston
9. Jonathan Scott, President and CEO, Victory Programs
10. Helen Jacks, MD Candidate, Harvard Medical School

APPENDIX B. Status of Beds Pre- and Post-closing of Long Island Bridge, Submitted by Boston Public Health Commission

PROGRAM BEDS				
Program	Agency	Bed Type	Beds Before Closing	Current Status
SOAR®	BPHC	Transitional Housing Program	20	Reopened 50 beds at Southampton St. (30 bed increase) in June
Transitions	BPHC	30-Day Stabilization Program	45	Reopened 45 beds in Mattapan in April
Wyman Reentry	BPHC	Transitional Housing Program	30	Reopened 30 beds in Mattapan in April
Safe Harbor*	BPHC	Housing for PLWHIV	20	Reopened 20 beds at Southampton in June
Hello House	VOA	Residential Treatment	28	Relocated to Mt Vernon St. Dorchester to open in August
Joelyn's	Victory	Women's Residential	47	Site identified. P&S signed or close to being signed. 10-12 beds to open in fall at Virginia St
Andrew House/Bridge to Recovery	Bay Cove	Detoxification Program	60	Site identified. Still negotiating with owner
Rebound	VOA	Youth Program	15	Relocated to Parley St, JP to open any day
		TOTAL	265	

SHELTER BEDS				
Program	Agency	Bed Type	Beds Before Closing	Current Status
Long Island Shelter	BPHC	Emergency Shelter	450 (325 men, 102 women+23 ESG-funded via temp. grant)	368 beds for men only* <ul style="list-style-type: none"> • Reopened 100 beds in January • Reopened an additional 166 beds in March • Reopened 102 additional beds in June
Woods Mullen Shelter	BPHC	Emergency Shelter	190 (124 men & 66 women)	200 beds for women only
		TOTAL	640	

®Note: SOAR and Safe Harbor had been operating at Northampton Square with limited capacity since the Bridge closure and reopened for client referrals in March.

*Note: Bed total is lower for emergency shelter because have focused our resources on providing additional transitional and permanent housing and services to women. We converted 20 beds to permanent supportive housing; utilized 30 beds for SOAR, providing enhanced treatment services to more people; transferred our 23 ESG beds to Pilgrim Shelter so they are still part of the system; and transferred 10 Woods Mullen for use by women.



City of Boston 35th Annual Homeless Census *Emergency Shelter Commission*

On the night of February 25, 2015, Mayor Martin J. Walsh, city and community leaders, 300 volunteers and homeless provider agencies conducted Boston's 35th annual homeless census. On that night there were **7,663** homeless men, women and children in the City of Boston, a **5.6% increase** from the **7,255** men, women and children counted in the prior census. Key findings and a summary table follow below:

Executive Summary of Findings:

- The number of unsheltered homeless adults living on the streets was **139**, a decrease of **22.8%** from the total of **180** the prior year. No families were staying on the street on the night of the count.
- The number of individual homeless adults decreased **8.9%** from **3,714** last year to **3,383** this year.
- The number of adults in emergency shelter increased **10.9%** from **1,511** last year to **1,676** this year.
- The number of homeless families increased **25%** from **1,234** to **1,543** households this year.
- The total number of persons in families, i.e., all homeless men, women and children, increased by **20.9%** from **3,541** to **4,281** persons.
- The number of homeless children in all programs increased by **18.7%** from **2,056** to **2,440** this year.

Highlights of the 2015 Homeless Count include the following:

- Boston continues to see **low numbers of homeless adults living on the streets** compared to most major cities. The street population this year was approximately 1.7% of the total homeless count.
- Despite the Long Island bridge closure in October, Boston's homeless provider community ensured that **the adult emergency shelter system was able to meet a substantial increase in demand** for the third consecutive year during an extremely cold winter that set a new snowfall record.
- The number of **families sheltered in motels** in Boston increased slightly this year, an improvement over two years ago when Boston saw a **24.5% increase** in motel families.

Key Sub-population Analysis:

Families

Homeless families were the fastest growing population. The **25%** increase in the number of family households reflects substantial increased demand for emergency shelter and transitional housing, as rents continue to rise in Boston while the kind of deep rental assistance extremely low-income families need remains scarce.

- A **44.3%** increase in households in congregate shelter from **354 families** with **819** women, children and men to **511 families** with **1,190** women, children and men. The Commonwealth increased this type of shelter in an effort to reduce reliance on motels as shelter overflow. To date, rapid expansion of congregate shelter units has not resulted in the hoped for reduction of families in motels.
- A **45.3%** increase in family households in transitional housing programs, from **108** households with **272** women, children and men to **157** households with **377** women, children and men.

- A **13.9% increase** in family households in scattered site shelter units, from **534** families with **1812** women, children and men to **608** families with **2,057** women, children and men.
- The number of families sheltered in motels increased **16.5%** from **151** households to **176** households. The total number of women, children and men in families in motels in Boston increased from **448** persons last year to **474** persons this year.

Homeless Adults

The total number of individual homeless adults **decreased by 8.9%** to **3,383** from **3,714** the previous year. This reduction was influenced by several factors, including:

- A **44% decrease** in adults in Mental Health residential programs from **268** to **150** men and women. This reflects more accurate data on homeless persons in the mental health system.¹
- A **25.1% decrease** in homeless adults in transitional beds, primarily due to the closure of two Pine Street Inn programs, Anchor Inn and Men's Transitional, in August 2014 and a reduced census in beds relocated after the Long Island bridge closing.
- A **17.88% decrease** in homeless adults in substance abuse treatment from **747** to **614** individuals. Most of this decrease is due to the interruption of services in the wake of the closure of the Long Island bridge.²
- A **7.1% decrease** in the number of homeless adults in **emergency rooms or inpatient hospital or medical respite beds**, from **253** last year to **235** this year.
- The number of adults in emergency shelter increased by **10.9%**, from **1,511** to **1,676** men and women. Boston shelters continue to see both increased seasonal and regional demand.

Homeless Youth and Young Adults

- The number of homeless youth increased **35%** from **40** youth, young adults and children on the night of the previous count to **54** this year. This figure does not reflect all homeless youth and young adults who are homeless, only those in dedicated Runaway and Homeless Youth beds.

¹ A Metro Boston Department of Mental Health review of residential program bed utilization in Boston determined that along with homeless persons with mental illness coming from shelters or the streets, that system serves many persons coming from homes, long-term psychiatric care or inpatient hospitalization.

² Bay Cove's Andrew House detoxification program, the Boston Public Health Commission's Transitions program, Victory Programs Joelyn's House and Hello House Women's Transitional program all temporarily suspended operations until suitable new sites could be identified. The Transitions program re-opened during the week of April 13, 2015 on the Mattapan Public Health Campus.

City of Boston Annual Homeless Census - February 2015 compared to December 2013

CATEGORY	December 16, 2013		February 25, 2015		% Change
City of Boston Grand Total <i>All Homeless</i>	7,255		7,663		+ 5.6%
Total Individual Adults (Street, Shelters, Transitional, Treatment & Young Adults)	3,714		3,364		-9.1%
Adult Homeless Breakdown		# of Adults		# of Adults	% Change
Unsheltered Homeless/Street Count		180		139	-22.7%
Emergency Shelter		1,511		1,676	+10.9%
Transitional Housing Programs		685		509	-25.7%
Detox/Substance Abuse Program		747		614	-17.8%
Hospitals and Medical Respite		253		235	-7.1%
Mental Health Facilities ³		268		150	-44%
Single Adults in Family Programs		23		6	-73.9%
Domestic Violence Shelter		19		14	-26.3%
Homeless/Runaway Youth		28		40	+42.9%
Total Individual Homeless Adults		3,714		3,383	-8.9%
	Number of Families	Persons in Families	Number of Families	Persons in Families	% Change # of Families
Total All Homeless Families	1,234	3,541	1,537	4,247	24.6%
Family Homeless Breakdown	Number of Families	Persons in Families	Number of Families	Persons in Families	% Change # of Family Households
Congregate Shelter	354	810	511	1190	44.3%
Scattered Site Shelter	534	1,812	608	2,057	13.9%
Transitional Housing Programs	108	272	157	377	45.3%
Families in Motels in Boston	151	448	176	474	16.5%
Domestic Violence Programs	54	125	51	104	-5.5%
Homeless Youth with Children	6	12	8	15	33.3%
Families in Hospitals	2	5	3	9	50%
Detox/Other Substance Abuse	25	57	29	55	16%
Total All Homeless Families	1,234	3,541	1,543	4,281	25.0%

³ In order to be classified as homeless, the U.S. Department of Housing and Urban Development considers only those persons who have been admitted to inpatient hospital settings or long-term care facilities for less than 90 days and who were living in emergency shelters or on the streets prior to their admission. This revised definition has been used to obtain a more accurate count of homeless persons in psychiatric care facilities that also serve persons with mental illness coming from long-term hospitalization, group homes, family residences and other housing, rather than from shelters or the streets.